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APPLICANTS

Shivshankar Sundaram, Madison, AL;
 Balabhaskar Prabhakarpandian, Madison, AL;
 Vinod Makhijani, Guilford, CT; Andrzej Przekwas, Huntsville, AL;

NONE ASL 4/25/06
 ** CONTINUING DATA *****

NONE ASL 4/25/06
 ** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE
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 ** 05/06/2004

**** SMALL ENTITY ****

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY AL	SHEETS DRAWING 13	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 6
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35 USC 119 (a-d) conditions ☐ yes ☒ no ☐ Met after
 met Allowance *ASL*

Verified and
 Acknowledged *Amadeus Lopez* Examiner's Signature Initials

ADDRESS
 000053371
 TOMAS FRIEND, PH.D.
 CFD RESEARCH CORPORATION
 215 WYNN DRIVE
 HUNTSVILLE , AL
 35805

TITLE
 Spacer for delivery of medications from an inhaler to children and breathing impaired patients

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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